

## Arbor ObGyn Financial Policy

### ***To Our Patients:***

Declining insurance reimbursements as well as increasing paperwork required by insurance companies have caused an increase in our staff and provider time and resources; therefore, we have found it necessary to impose the fees and policies listed below. These fees will not be billed to your insurance carrier.

#### **1. After hour phone calls**

There is a \$25-\$30 fee for after hour *non-urgent* phone calls made to patients by the Arbor ObGyn physician on call.

#### **2. After hour prescription refills**

We ask that prescription *refills* be made during regular business hours. There is a \$25 fee for prescription *refills* made *after* regular business hours.

#### **3. Completion of Forms**

There is a \$25 fee for completion of forms and/or the production of letters during a patient's care. This is for purposes *other than* forms used to submit charges for services rendered. We ask that this fee be paid prior to the release of the form/letter. These forms include, but are not limited to:

- Disability Forms
- FMLA Forms
- Leave of Absence Forms
- Letters regarding flying and/or airline tickets
- Letters regarding the coverage of birth control pills used for reasons other than birth control
- Letters to employers
- Merck Medco Rx Forms
- Letters to schools or employers
- Physical health forms

#### **4. Pre-Certification of Medications**

In an effort to save money, your insurance company may now require approval in advance for medications that are prescribed. Our office may charge \$20 for processing your prescription pre-certification.

#### **5. Missed appointment fee**

There is a \$50 charge if you fail to provide proper notification to cancel your appointment.

#### **6. Credit card on file**

Arbor ObGyn requires that all patients sign a credit card on file agreement at their visit. We will submit insurance and any amount not paid by insurance will be debited from the credit card on file for the payment. If the GYN patient is uncomfortable with credit card on file, she must pay in full at the time of service. If the OB patient is uncomfortable with credit card on file, she must pay \$500 no later than her second OB visit in addition to her OB estimate. We will submit insurance and once the claim has been processed, any overpayment will be refunded to the patient. There are no exceptions to this policy.

#### **7. Patient Refunds**

Arbor ObGyn automatically refunds any patient overpayment in excess of \$35; however an overpayment in *any* amount will be refunded to the patient upon request. We will hold all patient refunds until all insurance claims are processed and paid.

#### **8. Returned Checks**

There is a \$35 returned check fee.

#### **9. Missed Surgery fee:**

Arbor ObGyn will require your pre-surgery estimate no later than day of pre-op appointment. Once surgery has been performed and your insurance claim has been paid, we will refund any surgery estimate overpayment. If you fail to provide proper notification of cancellation (48 hours) OR if you do not show up for your surgery, there will be a \$150 No Show fee.

#### **10. Insurance Filing and the Law**

By contracting with certain insurance companies, Arbor ObGyn has agreed to file insurance for patients who participate with certain insurance plans. **In order to do so, we must see your insurance ID card at each visit. If you do not have your card with you, we must ask for payment in full at the time of the visit.**

Recent Federal laws addressing all insurance companies require that we submit your claim to the insurance company accurately and report the exact services performed and the exact reason for performing them. We do not alter this information-unless there was an error made-so the claim can be paid by the insurance company.

### **Assignment of Benefits/Patient Responsibility**

Arbor ObGyn will submit claims to insurance policies in which we are a contracted provider. This requires that you provide our office with the necessary insurance information, for all active policies pertaining to your visit. Should you have more than one active insurance policy, we require you to make Arbor ObGyn aware of the order in which the policies should be submitted to insurance. Failure to provide us with the correct insurance information and/or the order in which to submit the claims (primary, secondary, tertiary, etc.), and the claims submitted are not paid by the insurance carrier for any reason, you will be responsible to pay in full for the services rendered. If you fail to provide insurance information within the timely filing period required by your insurance, we will not submit the claim which will be denied for timely filing requirements.

### **11.LabCorp Bills**

If you have any questions about your bill for lab services, we ask that you contact LabCorp directly at 1800-845-6167.

### **12.Non-payment of co-pay**

You give us permission to notify your insurance company if you fail to pay your co-pay.

### **13.Past due accounts**

If your account becomes past due, we will take necessary steps to collect this debt. If you fail to pay your balance after 3 statements, your account will be turned over to Phase I with our Collection Agency for payment. You will receive a series of letters. If your account remains unpaid at that time, you will be terminated as a patient and your account will be sent to Phase II with our Collection Agency. If you make payment after this phase, it will be directly to the Collection Agency; however, we will still no longer see you as a patient.

We have the option to report your account status to any credit reporting agency such as The Credit Bureau.

You understand if your account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment in our office may become a matter of public record. You will be held responsible for any attorney fees or court costs which are incurred.

### **14.Payment at the time service is rendered:**

If we participate with your insurance company, we ask that you pay your co-pay and/or deductible amounts at the time of your visit. We accept payment by cash, check, VISA, Mastercard, AMEX, Discover or Money Order. We will file your insurance. If we do not participate with your insurance company, we will require you to pay in full as services are rendered.

### **15.Worker's Compensation**

We require written approval/authorization by your employer and/or worker's compensation carrier PRIOR to your visit. If your claim is denied, you will be responsible for payment in full.